

New Survey Shows 28% of Physicians Referring Patients to Indoor Tanning Salons Are Dermatologists

According to Smart Tan 1.5 Million People Use Tanning to Treat Skin Ailments

JACKSON, Mich. (Feb. 25) — In 2008, Dr. Bernard Ackerman — a pioneer in dermatology pathology and Master Dermatologist in the American Academy of Dermatology (AAD), stated in his book, "The Sun and the Epidemic of Melanoma: Myth on Myth," "The Skin Cancer Foundation, like the American Cancer Society and the American Academy of Dermatology, does not get it."

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Referring to his colleagues' inability to grasp the importance of the benefits of safe, non-burning, UV exposure — whether indoors or outdoors — Dr. Ackerman also went on to explain how the International Smart Tan Network, as the educational institute for professional tanning facilities in North America, "Got it right."

Ackerman, who has no relationship with the tanning industry, stated in *Dermatology Times* that "There is no compelling evidence that sun tan parlors have induced a single melanoma," and that any regulation of the tanning market "...should be predicated on evidence and not on accusation."

"It's irresponsible that the AAD does not heed the warnings and lessons of one of their most highly decorated scientists about the critical benefits of UV exposure, and refuses to acknowledge the confounding findings of scientists who recognize the risks and focus on the benefits associated with UV and Vitamin D," said Joe Levy, vice president, International Smart Tan Network. "It's time that researchers and the media start asking tough questions about why dermatologists refuse to talk about these issues and their real motivations around their attacks on indoor tanning."

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The AAD's contention in its recent press release that "100 percent of dermatologists" discourage tanning is baseless. A Smart Tan survey of 6,881 indoor tanning clients conducted in January 2010 revealed that 11 percent of tanning clients say a doctor referred them to a tanning salon for therapeutic reasons and that 28 percent of those referring physicians were dermatologists.

"Two of my doctors told me I needed to tan: my dermatologist for my skin psoriasis, and my regular doctor for depression from not getting enough sun light...Tanning did help a lot," said Robert Van Dine, a patron at Midnight Sun & Cruise in Holland, Mich., a Smart Tan member facility.

To date, there has been no direct experimental evidence showing a causative mechanism between indoor tanning and melanoma. "We don't have direct experimental evidence," admitted AAD spokesperson Dr. James Spencer in a May 2008 article in *Dermatology Times*. The studies the AAD has referred to do not show causation — only weak correlations that are confounded by study design, the omission refuting evidence and studies and the fact that most studies don't show a correlation.

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According to Smart Tan, an estimated 1.5 million Americans frequent tanning salons to informally treat psoriasis in lieu of phototherapy in a dermatologist's office — a procedure that

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uses the same equipment. In fact, the Mayo Clinic cites UV light therapy as the standard of care for treating these ailments. Many patients are referred by physicians as the cost of a tanning session is often less expensive than the health insurance co-payment of a dermatology-based phototherapy session (<http://www.medicalnewstoday.com/articles/52543.php>).

As a result, the number of phototherapy treatments by dermatologists has plummeted. In 1993 dermatologists administered 873,000 visits for phototherapy sessions. By 1998, that number, dropped by 94 percent according to the Journal of the American Academy of Dermatology, which in 2002 described phototherapy sessions as "a safe and effective treatment for psoriasis."

"If any UV exposure were as dangerous as a recent statement from the AAD claims, then dermatologists would be guilty of violating their Hippocratic oath for using UV in burning dosages to treat cosmetic skin conditions," Levy said. "What we're really seeing is dermatology's anger for the loss of billions of dollars in phototherapy treatments in their offices, as consumers choose a more economical and convenient method of self-care."

In 1994, the AAD proposed a total ban on indoor tanning to the FDA that was unanimously rejected. It was then reported that the cosmetic dermatology industry would stand to gain over \$1 billion in phototherapy treatments if indoor tanning were banned. Today, that estimate has grown to more than \$4 billion.

Professional indoor tanning facilities promote a balanced message about UV exposure — acknowledging the risks of overexposure. In contrast, AAD continues to mislead the public by suggesting in its statements that any UV exposure causes melanoma, which completely misrepresents the science. "This has never been a health care debate," said Levy. "This is the cosmetic dermatology industry attacking indoor tanning for strictly financial gain."

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